GRANT CLOSEOUT PACKAGE TRANSMITTAL SHEET

To: Greg Voorheis, Senior Grant Manager
        Vermont Department of Labor
        P.O. Box 488
        Montpelier, VT 05601-0488

From: _____

        _____

        _____

        _____

Grant Number _____

Grant Period _____

As requested, I the grantee, have taken actions related to the Closeout of the above referenced grant and I am enclosing the required documents as follows:

Submitted	Received	Documents
☐	☐	Financial Reconciliation Worksheet
☐	☐	Final Property Inventory Certification
☐	☐	Closeout Tax Certification
☐	☐	Grantees Release (with Signature)
☐	☐	Other (List)

FINANCIAL RECORD RETENTION

Financial records must be retained for 3 years from the date of your final Financial Closeout Package.

Unresolved issues (which may include but are not limited to audit findings, litigation, and bankruptcy) would necessitate a longer retention period. The 3-year clock would be adjusted after resolution of the issue and/or submission of a revised closeout package.

ACCESS TO RECORDS:

Authorized representatives of the U.S. Department of Labor and the Vermont Department of Labor shall have timely and reasonable access to any pertinent books, documents, papers or other records of the grantee in order to make audits, examinations, excerpts, and transcripts.

I certify, to the best of my knowledge, that the information contained on this form, and on all other forms and documents that constitute the Closeout Package for the grant indicated above, is correct and complete.

This Closeout Package has been executed this _____ day of _____ 20_____.

Authorized Signature: _____

Typed Name: _____

Title: _____

Telephone Number: _____

Have you expended $500,000 in federal funds this fiscal year? _____ Yes _____No

FOR INTERNAL USE ONLY

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Approved by: _____ Date: _____

Remarks:

FINANCIAL RECONCILIATION WORKSHEET

LINE ITEMS	Personnel	Fringe Benefits	Travel	Supplies	Contractual	Other	Indirect	Total
1. Cash Received								
2. Reportable Expenditures								
3. Cash on Hand (Line 1 less Line 2)								
4. Program Income								
5. Program Income Expenditures								
6. Balance of Program Income (Line 4 less Line 5)								
7. Matching Funds								
% (Line 7 divided by Line 2)								
8. Eligible Stand-In Costs								
9. Obligational Authority								
10. Unused Obligational Authority (Line 9 less Line 2)								
11. % of Obligational Author. Expended (Line 2 divided by Line 9)								

NOTE: INFORMATION ON LINES 1, 3, 4, 6, AND 7 IS NOT REQUIRED.

FINAL PROPERTY INVENTORY CERTIFICATION

Grantee: _____ Date: _____

Grant #: _____

A: **Grant Without Property**

[ ] I hereby certify that no property was furnished or acquired under the terms and conditions of this grant.

B: **Grant With Property**

[ ] I hereby certify that the inventory listing below/attached is complete, and correctly describes all items of equipment furnished to the Grantee for which the Grantee has been or will be reimbursed by the Awarding Entity for use in the performance of this grant.

Item #	Identification #	Description	Location	Acqui-sition Date	Condition Code	Unit	Quantity	Unit Acquisition Cost	Total Cost

C: **A New Grant Has Been Approved.**

[ ] The above or attached listed property will be retained for the period as specified in Grant # _____.

D: **A New Grant Has Not Been Approved.**

[ ] The above or attached listed property will be returned within ninety (90) days of the release date of this grant.

GRANTEE'S RELEASE

Pursuant to the terms of Grant #_____ and in consideration of the expended and accrued sum of $_____, of which $_____ is the amount paid and $_____ is the amount to be paid under the said grant to (grantee name) _____ herein called the grantee or to its assignees, if any, the grantee, upon payment of the said sum by the Vermont Department of Labor, hereinafter called the awarding entity, does release and discharge 90 days after the end of the grant, the awarding entity, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said grant except:

Unpaid bills in stated amounts, or in estimated amounts where the exact amounts are not available, by the grantee, as follows:

Invoice Date *(If Known)*	Vendor	Invoice or P.O. #	Line Item	Cost Category	Amount	Expected Payment Date

This release has been executed this _____ day of _____ 20_____.

_____
Signature of Authorized Official

Name: _____

Title: _____

TAX CERTIFICATION

In the performance of grant # _____, I certify that I have complied with requirements of the law and the State Administration, State of Vermont regarding the obtaining or employer identification/account numbers, collection, payment, deposit and reporting of Federal, State, and local taxes and the payment, deposit and reporting of Federal, State and local taxes and the provision of W-2 forms to employees/enrollees who are not now my employees. For present employees/enrollees, formerly employed under the award, W-2 forms will be furnished as specified in Circular E, Employers Tax Guide.

Name of the Grantee: _____

_____

Address: _____

_____

_____

Federal Identification Number: _____